Baltimore, Maryland:

Bon Secours Health System

These are our roots. This is where we started. There's a significant commitment to the City of Baltimore.

■ Gregory Kearns, Director, Strategic Management, Bon Secours Baltimore[227]

As the primary anchor institution in Southwest Baltimore, Bon Secours Baltimore Health System—through its subsidiary, Bon Secours Community Works—continues to expand the definition of its role as community anchor. Community Works' approach to community and economic development focuses on neighborhood revitalization and housing rehabilitation, providing family and women's services, offering youth employment and workforce development, and expanding financial services. Bon Secours Baltimore has also refocused it efforts in 2011 to increase local purchasing from minority- and women-owned suppliers.

As one of the largest employers in Southwest Baltimore, Bon Secours Baltimore has a 125-bed facility with more than 950 employees. Community Works has an operating budget of more than $14 million. Bon Secours Baltimore is the flagship of the Bon Secours Health System, a $3.3 billion not-for-profit Catholic health system sponsored by Bon Secours Ministries. Stretching across nine communities up and down the East Coast and headquartered in Marriottsville, Maryland, the health system has 23 different facilities and employs more than 21,000 people.[228]

Although Bon Secours began its community development efforts in the mid-1990s, Southwest Baltimore is still a community in need. As George Kleb, former Executive Director of Community Works, and current Executive Director of Housing and Community Development, noted, "We started this in earnest in 1995. . .We are already 16 years into it, and we still have a long way to go." Life expectancy in the surrounding neighborhood is 64.2 years; it is 62.9 in the neighborhood just to the east, whereas in the wealthiest neighborhoods in the city, such as Roland Park, it is 83. Bon Secours Baltimore has also had its own obstacles, encountering financial struggles in recent years due to the disproportionate number of patients it received without insurance. It had operating losses of $20 million in FY 2008 and $10 million in FY 2009, and broke even in FY 2010 with the help of a $5 million operating grant from the state, according to Gregory Kearns, Director of Strategic Management for Bon Secours Baltimore. In FY

2011, Bon Secours Baltimore is expected to break even—without any assistance—and as Kearns commented, "Our budget for fiscal 2011. . .is a significant improvement—to come back from a $20 million loss in 2008, and to work our way up that way."[229]

Despite these challenges, Bon Secours is still strongly committed to its mission to serve Southwest Baltimore. In the late 1970s and early 1980s, after Southwest Baltimore had started to decline, Bon Secours Baltimore considered leaving, even purchasing land in another county. However, "it became clear that if they moved out there, there wasn't anything that was going to be left" in Southwest Baltimore, noted David McCombs, Vice President of Enterprise Resource Planning and Supply Chain Operations for the Bon Secours Health System.[230]

More recently in 2011, Bon Secours Community Works changed its name to better align the organization with the new vision of Bon Secours Baltimore's CEO, Dr. Samuel L. Ross. "[For] years. . .people were confused," said Ross. "We had a name where people thought we were giving out money when it really was more about community and economic development…[We] wanted to publicly re-brand it Community Works, but not just to change the name but to really talk about how what exists today is phase one, and needs to be part of a larger comprehensive program that addresses the physical, the behavioral, and the psycho-social aspects of care." Kleb added, "Basically, what we are trying to do. . .is further integrate what Community Works does with the current healthcare delivery system, but also create a new delivery system in that integration that looks at social determinants of health."[231]

BON SECOURS BALTIMORE HEALTH SYSTEM ANCHOR STRATEGIES

Neighborhood Revitalization

- Constructed/rehabilitated more than 650 units of affordable housing
- Clean & Green: More than 640 vacant lots converted into green spaces, 1.1 million sq. ft. cleaned up, and 133 tons of waste removed
- More than 60 minor-home-improvement grants to existing residents, totaling more than $775,000

Local and Minority Purchasing

- Increased local, minority vendor procurement to 6%, identified potential to reach 9% local, minority-owned

Capacity Building

- Youth landscape training program
- Offers youth employment and workforce development programs
- Operates a family support center and women's resource center
- Provides financial literacy and tax services for local residents

Historically, the Sisters of Bon Secours entered the Baltimore community in 1881. By 1907, the Sisters had set up their first institution: a daycare center called Saint Martin's Day Nursery. Twelve years later, the hospital was built in Southwest Baltimore. As Kleb recounted, Bon Secours Baltimore became "a prominent Catholic hospital," specifically as a maternity hospital for Catholics from all over the region. However, the area began to experience urban decline in the late 1950s and 1960s—a decline that accelerated rapidly in the 1980s.[232]

Bon Secours Baltimore Hospital. *Photo: Bon Secours.*

"It got to a point where in the three blocks leading to Bon Secours Hospital. . .out of 101 units, 67 were vacant," recalled Kleb. "In this area alone, there were somewhere between 7,000 and 8,000 vacant properties. . .basically the zip code 21223." Also, emerging in the 1980s was the increase in the prevalence of crack cocaine, which led to the "phenomenon of open-air drug markets." Although Baltimore had dealt with heroin usage before this point, the open-air drug markets were something new. Perhaps the most well-known one emerged on the corner of West Fayette and Monroe streets, famously inspiring the book *The Corner* by David Simon and Edward Burns, and later the television series *Homicide: Life on the Street* and *The Wire*.[233]

A change was needed. Ed Gerardo, Director for Community Commitments and Social Investments at Bon Secours Health System, explained that in "the late 1980s and the early 1990s, we started thinking about what needs to happen in this community because, while we can provide acute-care services, and certainly our [emergency room] was becoming quite busy, it wasn't the type of cases that should be coming in. People should not be coming in with gunshot wounds, with trauma. . .so, we said that we would do something, and we weren't certain of everything to do, but we started with buying the row houses across the street from the hospital."[234]

As a consequence, Operation ReachOut was launched in 1995, and Community Works purchased 31 vacant row houses on West Baltimore Street and an old Catholic school owned by the Archdiocese of Baltimore. However, Bon Secours learned early on to not act unilaterally if they wanted the community to embrace their community development efforts, according to Gerardo. Kleb added, "We went public and made a couple of commitments—three commitments, actually. The first commitment was that we are going to rehab the buildings on Baltimore Street. . .Second is we are going to develop services for the families in the housing and for the broader neighborhood at the site of the old school. The third commitment was that there were no longer going to be unilateral decisions: everything else moving forward will be done in partnership with the

community." The most difficult challenge, as Kleb emphasized, was not building the houses or creating the services, but how to "operationalize," or initiate and sustain, the partnership with the community. As he noted, "Acute healthcare is very top down, the opposite of typical community organizing and community development."[235]

Operation ReachOut Southwest Coalition meeting. *Photo: Bon Secours.*

Just before this point, the hospital had been involved in a group called the Vision for Health Consortium, which were providers who all served Sandtown-Winchester. Sandtown-Winchester is a neighborhood just north of where the hospital is located, in which a neighborhood transformation project had started taken place, led by Enterprise Foundation founder Jim Rouse, and with increasing support from Baltimore City. Kleb explained, "Through that involvement, we became exposed to a lot of what was going on in the broader field of neighborhood transformation. . .we became acquainted with John McKnight's work on asset-based community development."[236]

The funding for the purchase of the 31 vacant properties came from a $600,000 intra-company loan from the Bon Secours Health System's headquarters in Marriottsville, Maryland. In order to maximize its impact, Bon Secours created Unity Properties, setting up a dedicated entity to perform the initial acquisition and pre-development. Once the properties had been purchased, the process for establishing a functioning community partnership was the primary focus. Bon Secours created a community advisory board and appointed a steering committee, comprised of neighborhood representatives from the community advisory board and other members from neighborhood associations. Other groups were involved in the steering committee too, including city planners, a few local nonprofits, and a city-wide organization called Citizens Planning and Housing Association that had worked in Baltimore's neighborhoods since the 1940s. The Community Law Center, a pro bono law group that works with neighborhoods, and the Neighborhood Design Center, a pro bono architectural assistance organization, also participated.[237]

Joyce Smith, President of the Franklin Square Community Association, recalled the initial effort: "Everybody's poor, but it's poor whites and poor blacks. ReachOut was the first project where you got leaders from the South, which was majority white, and leaders from the North to sit down, in a room, to talk about what was needed, and not blame one another for the problems that were in the community." Kleb explained that initially, this steering committee was tasked with two items: "First was to advise us on the housing we purchased—what kind of housing are you going to do; are you going to

do rental? Homeownership? What is it going to look like? The second was, what about the old school? What are you going to do with the old school?"[238]

In 1996, Bon Secours secured funding to begin the operation of a family support center. In spring 1997, the Bon Secours Center, which provides services to families with young children, was started in an unused portion of the hospital. The old school was razed, a new building constructed, and in January of 1998 the Bon Secours Community Support Center opened, eventually housing workforce development programs, financial services, family support services, and youth employment programs.[239]

By this time Phase One had been completed and Phase Two had just started. The initial ReachOut effort that began in 1995 became the Operation ReachOut Southwest Coalition by 1997. A grant from a local foundation allowed Bon Secours, along with "community businesses, churches, residents, partner organizations, and neighborhood associations, to develop a 20-year community revitalization plan for several contiguous neighborhoods in Southwest Baltimore." Kleb added, ReachOut "ended up being the owner of the plan. . .Bon Secours became a member of the coalition."[240]

Over the course of 15 months, more than 250 community residents met, shared and developed this revitalization plan. The final plan included desired outcomes and initial strategies in six issues areas: economic development, health, education, public safety, physical planning, and youth and seniors. A committee handled each issue area. Smith explained, "The committees were chaired by a community resident—the others supporting came from nonprofit people—but the leadership came from the community. . .we could always go back to what the plan said; the community stayed connected. I felt like we had a voice."[241]

Today, Bon Secours is focused on neighborhood revitalization and housing rehabilitation, family and women's services, youth employment and workforce development, and financial services. Bon Secours Baltimore has also refocused it efforts in 2011 to increase diversity purchasing. As McCombs explained, despite difficulties in leveraging hospital resources to "support the development of business and wealth building in your local community" due to an increased reliance on "national purchasing organizations for the pricing leverage," Bon Secours Baltimore consciously decided to identify how much of its procurement could be obtained locally. After the board of Bon Secours Baltimore expressed concern that not enough was being done to adequately identify diverse suppliers in the community, McCombs described the next step: "In Baltimore, we went through and had about $60 to $70 million of annual expenditures total, and we went through and identified $40 million of that. . .that it is possible for us to look for sources locally. And then we broke that $40 million dollars of total spending further and then said, well, where are the potential vendors that can serve that need?"[242]

Finding these vendors proved difficult at first. Bon Secours Baltimore went through a process of identifying government listings, talking to area diversity councils, and meeting with other area hospital systems—including the University of Maryland, John Hopkins,

and MedStar—to identify best practices. However, as McCombs explained, although governmental programs assist small businesses, accurate listings of those businesses are not well maintained. Finally, the hospital went through a company called Equifax, which maintains an extensive database of vendors. According to McCombs, "bottom line is we found we could proactively do searches by product category, by service category, or by location. . .Once we found that, I think we did a 10-mile and 20-mile sort of radius check of all certified diversity vendors."[243]

The net result of this intensive process has allowed Bon Secours to identify "on a semi-annual basis another $2 million of potential diversity vendors, which if we could successfully convert, could take our existing rate of use of diversity vendors from four percent to nine percent," said McCombs. Even in the first few months of this effort, Bon Secours Baltimore has already pushed its diversity purchasing from four percent to six percent.[244]

Additionally, from this process, the hospital is considering creating its own registry on its website as a way to better communicate and reach out to potential vendors. Another important aspect in this process was identifying a realistic procurement target. McCombs noted, it is easy to set the mark too low, and it is also possible to set it too high, creating frustration in the organization, adding, "So now we have a destination we are getting to, we have a point, we have a target, we have a focus."[245]

Perhaps Bon Secours may be best known for its effort in community revitalization through housing development. Beginning its work in 1995 with the initial phase of Operation ReachOut, Bon Secours Community Works has since rehabilitated and constructed more than 650 units of rental housing, including six buildings of senior housing, using Low Income Housing Tax Credits. Also, included in that total are 119 units of family apartments in 59 row houses, more than 2.5 blocks on West Baltimore Street, a major corridor in the community. When these properties were first purchased, according to Kleb, the area was two-thirds vacant. Now, he added, "there are only a handful of vacant properties on this block."[246]

Senior housing constructed by Bon Secours Baltimore. *Photo: Bon Secours.*

In addition, Erika McClammy, Director of Housing and Neighborhood Revitalization at Community Works, explained that since 2007, Community Works has "given about 60 or so grants for small improvements ranging from carpentry to plumbing, roofing to furnace repair or new furnaces." These grants were specifically given to homeowners,

Clean & Green before and after: 1901 Vine Street (2 blocks from Bon Secours Baltimore). *Photos: Bon Secours.*

Clean & Green before and after: 411 S. Pulaski St (south of Bon Secours Baltimore). *Photos: Bon Secours.*

and even more specifically, to those who lived on blocks that "weren't decimated with vacant housing." The goal of this initiative was to put "money into blocks that were starting to show problems. . .Well, once one is vacant, it doesn't take long for others. So if you can help a homeowner shore up some of their investment, it could have a much greater economic impact on the neighborhood." To date, these grants have totaled more than $775,000.[247]

Another neighborhood revitalization effort has been Bon Secours' Clean & Green initiative. Smith recalled, "When we started Clean & Green, it was a community competition program. The men in the neighborhood came out," and took on leadership roles on the project. Put another way, "Clean & Green sprung up in the community as a way to think about how they could take over open space," noted McClammy. In 2002, Clean & Green became a program under Community Works' Housing and Neighborhood Revitalization.[248]

Since its inception, Clean & Green has revitalized more than 640 lots in the surrounding neighborhood through a process of reclaiming the land, planting low-maintenance grass and trees and, in some places, when there are several lots adjacent, building a community garden—especially important considering Southwest Baltimore is a food desert. In total, the program has helped clean up more than 1.1 million square feet and removed more than 133 tons of waste; more than 1,000 trees have been planted too.[249]

Another component of Clean & Green has been its landscape training program, which employs up to eight youth each year. As McClammy explained, "Our goal is not necessarily that they'll be landscapers but to give them experience in working day to day. Although we do it in collaboration with our workforce development, it's really been an open space management strategy and teaching. . .the trainees. . .but also we teach the community."[250]

Community Works provides other services including family services for low-income families; a resource center for homeless, abused, and addicted women in the community; a youth employment program; and a workforce development program for local residents. Additionally, Community Works has worked to improve financial services in the community, providing individual and group instruction and counseling on money management as well as free and low-cost income tax services to local residents as an affordable alternative to commercial preparers.[251]

Community Works' Women's Resource Center. *Photo: Bon Secours.*

Community Works' practices have had a significant influence on the entire Bon Secours Health System. As a result of successes in Baltimore, the Healthy Communities initiative was instituted at the system level in 2008, as a component of the systemwide Strategic Quality Plan. Now, each hospital in the system is required to develop programs that help transform their local area into a "healthy community," which involves a "systemic, ecological, multi-sector approach that acknowledges all of the social determinants of health such as housing, education, employment, public safety and social justice." According to Gerardo, Healthy Communities comprised a full 19 percent of the $49 million that was spent for direct benefits and outreach initiatives (under the much larger community-benefits umbrella) in 2010 for the Bon Secours Health System, despite the program having existed for only two years at the time. "We have a longitudinal way of doing things," stated Kleb.[252]

Bon Secours has made significant strides with regard to community development in Southwest Baltimore, but the process has not been without obstacles. Since it first reached out in the early 1990s, those working to revitalize the community have learned

important lessons and still face additional challenges going forward. Although the stories behind these challenges are unique to Bon Secours Baltimore, their lessons may provide insight for other hospitals that are interested in pursuing similar community development efforts.

"I can tell you a quick anecdote that really there is a discipline to this stuff," said Kleb. "And it's not just discipline like putting your nose to the grindstone and working very hard; it also has a lot to do with being patient. And letting the process play itself out and not jumping to conclusions." Kleb said he learned this lesson early on, in the period between the development of the initial steering committee and the creation of the coalition, when Bon Secours organized a series of community meetings to discuss prioritizing neighborhood problems.[253]

In between the second and final meeting, recalled Kleb, "we geniuses at Bon Secours were so convinced that [the community members] were going to pick crime" as their most important priority. So in anticipation of this vote, he and others began discussions with local police to increase the presence around the open-air drug markets. Instead, the community residents chose rats and trash as their number one priority; housing ranked second and drugs third. Kleb recounted, "Imagine shutting down the international drug cartels all by ourselves. . .it is just ridiculous when I think back on it, but we had a series of clean-ups, and we engaged. . .and we learned that. . .if you're committing to a process, you have to let it play out, and if you are not going to commit to a process, then why bother, because you are not going to solve the problem."[254]

Although patience and withholding assumptions were important early lessons to learn, the difficulty of keeping the community fully involved and sustaining the overall momentum of this effort is a current challenge expressed by both those from within the neighborhoods and Community Works. "When they built [the Bon Secours Community Support Center] building, this building was erected because the community said we needed a place to meet. That's how we got this building. Now the community rarely comes; if they come, they come to receive some type of service," recounted Smith. Kleb expressed a similar sentiment: "it's easy to organize everything for a few years, but how do you keep it going?"[255]

The participation in Operation ReachOut coalition meetings has steadily declined over the years. At the beginning of the process, the coalition would meet monthly and 80 to 100 people would attend consistently; additionally, sometimes six to eight meetings would occur in between the monthly meetings. Now explained Kleb, although the coalition meets every other month and is still relevant to decision making, he did not think that even 30 people attended the May 2011 meeting.[256]

The reason for this change depends on whom you ask. In Smith's opinion "what happened is that Bon Secours hired more staff. . .There wasn't a practice put in place where we would do an orientation of what [Operation ReachOut] was about so [the new staff] would understand. Now what I find is that the staff wants to tell the community what

the staff has identified." Kleb conceded, "Then there is the reality of 2011; I mean, we are getting stuff done, people are being served left and right, and progress is being made. But in a lot of ways we are limping along, sustaining the effort. But is it flourishing? Not the way it did before, and we had kind of envisioned that this trajectory would continue, and it hasn't. And maybe that is the life cycle of these things."[257]

Despite this difficulty in sustaining momentum, Bon Secours Baltimore and Community Works take the long view on the issues they are confronting. And from the community perspective, admitted Smith, "However much you may hear me complain, what I like about Bon Secours, and what Bon Secours did for us in this community, is that it got local politicians to listen; it helped give us a voice."[258]

Another obstacle that is partially linked to the previous challenge of sustaining momentum, but important to note in its own regard, is the difficulty of accessing organizing resources and managing the balance between organizing and program management. "Organizing money is hard to get right now—period," stated Kleb. In addition, Bon Secours is currently unable to dedicate resources specifically for organizing or "for the care and feeding of the coalition." As a result, without support from additional partners, "everybody is an organizer."[259]

However, added Kleb, "that's fine, except for two things. People that really like to organize aren't necessarily great at program management; and program managers, on the flip side, are pretty much like, 'I'm an expert in community development and that's what I want to do.'" He continued, "So if you have to run a program all day and go to meetings all night, it is just going to be very difficult to keep your staff motivated. . .it's one thing if you want to do something that will only take three years, and then coast on from there. . .but the stuff we are taking on, requires a lot more staying power, you have to keep it up."[260]

Another area that has its own unique obstacles is diversity purchasing. As a result of the national trend toward standardization of supplies and services at the most cost-competitive price and the realization that certain key purchasing opportunities do not exist locally, Bon Secours' ability to increase diversity purchasing above a certain percentage is limited. Standardization caps the target the hospital can realistically strive for with its diversity purchasing targeting, according to McCombs. Finding the balance possible between these competing interests is a recurring question for those working on this issue at Bon Secours.[261]

McCombs noted that a more pressing issue is that vendors for services that could be done locally simply do not exist, such as centralized linen processing or sterilization of instruments. Explained McCombs, "Those two areas were attractive because their primary requirements were land, building, proximity, and labor. And typically, in urban communities, you have unemployment and a lot of workforce and those particular functions lend themselves to short-term training…but the missing piece is capital." Two requirements would be needed to make these types of businesses viable:

a financier who is willing to put forward venture capital and take a risk and the hospital with a willingness to change its perspective and adopt a new set of processes for its procurement.[262]

In many ways the efforts at Bon Secours Baltimore and Community Works are just beginning and they are always being constantly refined. As Ross noted, "Somebody has got to have the will to do it. This is motherhood and apple pie; no one can argue that it doesn't make sense. What they argue is that they currently don't have the funding. They have to believe that this is the greatest country on earth and we can bend and flex."[263]